

PROTECTIVE PAYEE REPORT CONTINUATION

					1. COM	COMMUNITY SERVICES OFFICE (CSO)					
Month, Year					2. CASE WORKER/CASE MANAGER'S NAME						
7. NAME AND ADDRESS OF BANK					3. WORKER'S TELEPHONE NUMBER						
					4. RECIPIENT'S NAME						
8. ACCOUNT NUMBER					5. RECIPIENT'S ASSISTANCE UNIT ID NUMBER 6. RECIPIENT'S INDIVIDUAL ID NUMBER						
9. TRANSACTION	RECORD										
A. TRANSACTION DATE	ANSACTION B. CHECK C. AMOUNT D. T			TYPE E. PURPOSE (RECIPIENT MUST SIGN HERE FIF CASH WAS DISBURSED)				F. DOC G. BALANCE			
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10. STATEMENT OF ACCURACY											
I certify this is an accurate record of income, expenditures, and case actions.											
PROTECTIVE PAYEE NAME (PRINT) SIG									DATE		

DISTRIBUTION: Original - CSO Copy - Protective Payee

Protective Payee Report Continuation

A. Completing and using the form

Protective payee vendors use this form when there is not enough space on the Protective Payee Report, DSHS 01-110(X).

Complete the form, including the page information at the base of the form, and attach it to the Protective Payee Report, DSHS 01-110(X).

B. Distribution

Original: Community Services Office

Copy: Protective Payee file.